



MAIL TO:
Special Projects Dept.
Attn: Bonnie Stafiej
6591 Orange Dr.
Davie, FL 33314

TOWN OF DAVIE, 6591 Orange Drive, Davie, FL 33314-3399 (954) 797-1153

Town of Davie Volunteer Application

Name: _____ Age: _____

Address: _____ Phone #: _____

City: _____ Zip: _____

School: _____ Hours Needed: _____

Town of Davie Hold Harmless

I agree to hold harmless, the Town of Davie, their officers and employees singly or collectively for any injury, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in any Town Event. I acknowledge that I have been notified that I am expected to know and obey the rules and conditions governing this project. I consent to and permit emergency treatment in the event of injury or illness. I will assume financial responsibility for any emergency treatment.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent must sign if child is under 18)

**Call Matthew Mlodzinski, Event Specialist at (954) 797-1076 or visit
our website, www.davie-fl.gov for upcoming Special Events.**